

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | SD       | 91088  | 7-22-99 |
| O.I.P.E. CLASSIFIER | 16       | 72899  |         |
| FORMALITY REVIEW    | 59573    |        | 8-6-99  |

## INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| ÷                   | Restricted | O | Objected     |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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